

Scottish Child Abuse Inquiry Foster Care Case Study – Report

Part D Abuse & Response

Part D – Abuse and Response

The questions in Part D should be answered in respect of abuse or alleged abuse relating to the time frame 1930 to 17 December 2014 only.

- 5. Abuse
- 5.1 Nature
 - a) What was the nature of abuse and/or alleged abuse of children in foster care, for example, sexual abuse, physical abuse, emotional abuse?

The nature of abuse and/or allegations of abuse or possible abuse that were recorded as part of our file review related to physical, sexual, emotional abuse and neglect. There were also cases where an allegation had not been made however complaints had been made regarding the standard of care provided which in some cases, indicated possible signs of abuse.

Appendix 5.1 provides an overview of how Swiis as agency have responded to any situation where they think a child may be at risk of harm or abuse.

5.2 Extent

a) What is the organisation's assessment of the scale and extent of abuse of children in foster care?

Swiis have reviewed all available case files and have recorded 177 incidences regarding 127 children whom we considered may have been at risk of harm or abuse and further inquiry was necessary.

To the best of our knowledge the data provided is accurate however we acknowledge that the standard of recording has been variable and it is possible that there are gaps in this information, particularly in relation to the outcome of investigations that have been undertaken by the Police and/or Local Authority. Whilst, in some cases we may have been aware of the outcome, this has historically not always been recorded. It should also be noted that Swiis do not retain children's case files once a placement has ended. These are returned to the Local Authority and this also had a bearing on the information that was available to us.

b) What is the basis of that assessment?

As noted above, we have reviewed all files that we have had access to. Children's records are not usually retained by Swiis after the placement has ended. These records are returned to the Local Authority. Please refer to 5.2 (a) above.

c) How many complaints have been made in relation to alleged abuse of children in foster care?

For the reporting period a total of 177 incidents were recorded regarding how Swiis as an agency has responded to any situation where a child may be at risk of harm or abuse of which 25 are recorded as complaints.

Please refer to Appendix 5.9 for further details.

d) Against how many foster carers have the complaints referred to at (c) above been made?

Of the 177-total number of incidents recorded 117 related to complaints/allegations of regarding foster carers. Please refer to Appendix 5.2 (d) for more detail.

Of the 25 specifically recorded as being a complaint all of which regarded foster carers.

Please refer to Appendix 5.9 for more detail.

e) How many foster carers have been convicted of, or admitted to, abuse of children?

None of our foster carers have been convicted of, or admitted to, the abuse of children. 14 carers are recorded as having admitted to some of the concerns raised but none considered their actions to be abusive, rather they were viewed as poor practice rather than abuse.

Please refer to Appendix 5.2 d) for further details.

f) How many foster carers have been found by the organisation to have abused children?

The investigation of whether abuse has taken place is undertaken by the Police and/or the placing local authority. As the Attachment 5.2 d) demonstrates, when matters of concern that may indicate abuse have been raised, Swiis has ensured that these are shared with the statutory agencies to investigate.

None of our foster carers have been convicted of abuse. Four foster carers have been charged and criminal proceedings have commenced but none has resulted in findings of abuse. All these individuals were de-registered as foster carers.

We are aware of two former foster carers who went on to foster with other organisations that have been convicted of abuse. Appendix 5.13 provides further information.

Rather than categorically stating that any foster carer has abused children we have found some foster carers practice to not be of an acceptable standard and have acted accordingly.

Appendix 5.2 d) provides further details.

g) Against how many family members of foster carers have complaints been made in relation to alleged abuse of children?

Swiis have 7 recorded allegations of possible abuse against family members of foster carers however the outcome of these investigations would suggest that none have concluded that abuse has taken place.

Please refer to Appendix 5.2 (g) for more information.

h) How many family members of foster carers have been convicted of, or admitted to abuse of children?

According to our records, no family members of foster carers are known to have been convicted of or admitted to abuse of children.

i) How many family members of foster carers have been found by the organisation to have abused children?

According to our records, no family members of foster carers have been found by the organisation to have abused children.

Please refer to Appendix 5.2 (g) for more information.

i) Against how many other children placed in foster care in the same placement have complaints been made in relation to the alleged abuse of children?

According to Swiis records, 7 children placed in foster care have had complaints been made against them by other children in the same placement. 1 of these children had 3 allegations made against him by at least 2 different children but possibly a third child whilst another related to 2 different children. Please refer to Appendix 5.2 (j) for more information.

> k) How many other children placed in foster care in the same placement have been convicted of, or admitted to abuse of children?

To the best of our knowledge, none of the 7 children referenced above were convicted of or admitted to abuse of children. Please refer to Appendix 5.2 (j) for more information.

I) How many other children placed in foster care in the same placement have been found by the organisation to have abused children?

Despite none of the 7 children referenced above having admitted to or convicted of abuse of children, it should be acknowledged that there was 1 child that had 3 allegations of sexual abuse that could be considered very similar in nature and were made by 2 or possibly 3 individual children. The Bridge Project assessed and proceeded to undertake direct work with this child suggesting that he was assessed as displaying problematic and sexually harmful behaviour. Please refer to Appendix 5.2 (i) for more information

5.3 Timing of Disclosure/Complaint

a) When were disclosures and complaints of abuse and/or alleged abuse of children in foster care made to the organisation?

Appendix 5.1 provides dates in which, according to the case files we have available disclosures/complaints of abuse and/or alleged abuse of children in foster care were made to Swiis.

> b) To what extent were complaints and disclosures made while the abuse or alleged abuse was on-going or recent?

Appendix 5.1 provides details of whether an allegation was referencing abuse that was ongoing for the child at that time or happened very recently or whether the allegation was linked to abuse that non recent and historical.

It is evident from this information that most allegations were made whilst the abuse was ongoing or had very recently happened rather than many years ago (non-recent). Only 11 out of a possible 177 allegations of abuse or possible abuse relate to disclosures of non-recent abuse.

c) To what extent were/are complaints made many years after the alleged abuse i.e. about non-recent abuse?

Please refer to 5.3(b) above.

d) Are there any patterns of note in terms of the timing/disclosure of abuse and/or alleged abuse?

According to the information collected in our file review, some patterns have emerged. Swiis has recorded a number of allegations of abuse that have been made to a child's short break carer whilst the child was on short break care. This is likely to reflect the trusting relationship that might have been built up over a period of time whereby the child has felt safe to disclose this information.

As noted in 5.3 c) above only 11 allegations related to disclosures of non-recent abuse or possible abuse. The rest were all ongoing or related to recent events. It is positive to note that so many children felt able to disclose at a time when actions could be taken regarding the issues raised.

5.4. External Inspections

a) What external inspections have been conducted relating to children in foster care which considered issues relating to abuse and/or alleged abuse of children?

As a regulated service we are subject to regular inspection from the Care Inspectorate. Inspectors select several children to track and also review and consider notifications that have been made. Inspections consider the care and support provided and will include issues relating to abuse and/or alleged abuse of children if applicable to the child's circumstances.

For each such external inspection please answer the following:

b) Who conducted the inspection?

Please refer to Appendix 5.4 for details.

c) Why was the inspection conducted?

Please refer to Appendix 5.4 for details.

d) When was the inspection conducted?

Please refer to Appendix 5.4 for details.

e) What was the outcome of the inspection in respect of any issues relating to abuse or alleged abuse of children in foster care?

Please refer to Appendix 5.4 for details.

f) What was the organisation's response to the inspection and its outcome?

Please refer to Appendix 5.4 for details.

g) Were recommendations made following the inspection?

Please refer to Appendix 5.4 for details.

h) If so, what were the recommendations and were they implemented?

Please refer to Appendix 5.4 for details of the recommendations. All requirements and recommendations were actioned.

i) If recommendations were not implemented, why not?

Not applicable.

5.5 External Investigations

a) What external investigations have been conducted relating to children in foster care which have considered issues relating to abuse and/or alleged abuse of children?

There have been 143 investigations carried out by Local Authority and Police that have related to allegations of abuse or alleged abuse of children. It is Swiis Policy to pass on any allegation of abuse to the Local Authority and/or Police for further investigation.

Please refer to Appendix 5.5 which will answer each question below. Again, Swiis would like to reiterate that we do not retain the children's records when a placement ends and therefore this information is not as full as it might have been. This information was not collated centrally and therefore we did not have this record to refer to.

For each such external investigation please answer the following:

b) Who conducted the investigation?

Please refer to Appendix 5.5.

c) Why was the investigation conducted?

Please refer to Appendix 5.5.

d) When was the investigation conducted?

Please refer to Appendix 5.5.

e) What was the outcome of the investigation in respect of any issues relating to abuse or alleged abuse of children in foster care?

Please refer to Appendix 5.5.

f) What was the organisation's response to the investigation and its outcome?

Please refer to Appendix 5.5.

g) Were recommendations made following the investigation?

Please refer to Appendix 5.5.

h) If so, what were the recommendations and were they implemented?

Please refer to Appendix 5.5.

i) If recommendations were not implemented, why not?

Please refer to Appendix 5.5.

5.6 Response to External Inspections/Investigations

a) What was the organisation's procedure/process for dealing with external inspections and/or investigations relating to abuse, and/or alleged abuse of children in foster care?

Swiis procedures in relation to abuse, and/or alleged abuse were and still are established in line with local child protection committee procedures and no attempts are made by Swiis staff to independently investigate the matter, without establishing multi-disciplinary agreement with the placing local authority and/or the local police/protection unit responsible. The general principle was the investigation was co-ordinated by the placing authority of the child or vulnerable adult. Where there are children or vulnerable adults from different authorities in the same household each authority were to be informed of the allegation.

b) What was the organisation's procedure/process for responding to the outcomes of such external inspections and/or investigations?

Once an investigation was completed and the outcome known, a review of the carers was to be held to discuss the implications for the carer's registration in accordance with the Swiis Carer Review Policy. The review minute and recommendation was then considered by the Fostering Panel and a recommendation regarding continuing approval or deregistration was made. Had the carers resigned prior to this review. a review meeting would still be held, with or

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attendance, and a report sent to the Fostering Panel recording the discussion and outlining the reasons for de-registration. It was a requirement of the agency to report to SCSWIS any allegation of abuse or serious concern about a carer, at an early stage. When there was a conclusion that a criminal offence had occurred or there is some other reason to suspect that an individual poses an ongoing risk to children, Swiis Concerns, Complaints and Allegations (2011) state that the agency should discuss with the Care Commission whether or not to refer the individual to the Disqualified from Working with Children List and/or the SSSC.

When there was an allegation of possible criminal behaviour [or conviction], by a member of the carer household or their network, there was an expectation that the Team Manager or Lead Officer for Child Protection would arrange for an assessment of the circumstances. This would include seeking information from the police [if there has been a criminal complaint] and relevant others.

c) What was the organisation's procedure/process for implementing recommendations which followed from such external inspections and/or investigations?

Following external inspections or investigations action plans are put in place. For example, care inspectorate inspections may make requirements and use legal powers to bring about change and improvements.

The following legislation is what guides this -

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations

2011

• The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Amendment

Regulations 2013

• Regulation 19 to 24 of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

Recommendations may also be made, and these are based on the National Care Standards, SSSC codes of practice and recognised good practice. Some of these may have to be made immediately or a time scale is agreed.

Action plans are also agreed and followed up through the review process, end of placements and at IRD's. All of these processes involve either an independent reviewing officer, the local authority of the police force.

5.7 Impact

a) What is known about the impact of abuse on those children in foster care who were abused, or alleged to have been abused?

From working with children and adults who have been abused and research we recognise that

the impact of abuse is unique to the individual with factors such as: age; developmental status; type of abuse and/or neglect; how often and how long a child was abused; how severe the abuse was; and, the relationship between the child and the perpetrator, known to influence a child's response to trauma.

The **Child Welfare Information Gateway** provides very useful information summarising the vast range of consequences that child abuse or maltreatment can cause. These include:

- **Physical Health Consequences** Widom, Czaja, Bentley, & Johnson, 2012; Monnat & Chandler, 2015; Afifi et al. (2016) study showed there to be a higher risk for a wide range of long-term and/or future health problems, including—but not limited to—diabetes; lung disease; malnutrition; vision problems; heart attack; arthritis; high blood pressure; cancer; stroke; and migraine.
- Brain development Bick & Nelson, (2016) found that a history of maltreatment may be correlated with reduced volume in overall brain size and may affect the size and/or functioning of brain regions responsible for e.g.: processing emotions; learning and memory; decision-making and emotion regulation; coordination and executive functioning; as well as areas responsible for arousal, emotion, and higher cognitive abilities.
- **Psychological Consequences** include victims feeling isolation, fear, and distrust, which can translate into lifelong psychological consequences that can manifest as educational difficulties, low self-esteem, depression, anxiety and trouble forming and maintaining peer, social and romantic relationships later in life (Doyle & Cicchetti, 2017).
- Posttraumatic stress characterized by symptoms such as persistent reexperiencing of the traumatic events related to the abuse; avoiding people, places, and events that are associated with their maltreatment; feeling fear, horror, anger, guilt, or shame; startling easily; and exhibiting hypervigilance, irritability, or other changes in mood (Sege et al., 2017).
 PTSD in children can lead to depression, suicidal behaviour, substance use, and oppositional or defiant behaviours well into adulthood, which can affect their ability to succeed in school, and create and nurture important relationships.
- Epigenetics refers to changes in how an individual's genes are expressed and used, which may be temporary or permanent (National Scientific Council on the Developing Child, 2010). These changes can even be passed on to the person's children. For example, one study found that children who had been maltreated exhibited changes in genes associated with various physical and psychological disorders, such as cancer, cardiovascular disease, immune disorders, schizophrenia, bipolar disorder, and depression (Cicchetti et al., 2016).
- Alcohol and other drug use Adults who had been maltreated as children are at a significantly higher risk of substance use disorders than adults who have not been maltreated (LeTendre & Reed, 2017; (Choi, DiNitto, Marti, & Choi, 2017).

- Future perpetration of maltreatment Although most children who have experienced abuse and neglect do not go on to abuse or neglect their own children, research suggests they are more likely to do so compared to children who were not maltreated (Yang, Font, Ketchum, & Kim, 2018). This cycle of maltreatment can be a result of children learning early on that physical abuse or neglect is an appropriate way to parent (Child Welfare Information Gateway, 2018).
- Societal consequences Society pays a price for child abuse and neglect in both direct costs (e.g., hospitalisations, foster care payments) and indirect costs (e.g., long-term care, lost productivity at school, youth and criminal justice systems costs).

In addition to the above some children who have been abused or alleged to have been abused by foster carers or carer's friends or family, have experienced sudden moves, changes of school and caregivers, loss of friends and support networks, as well as the stress of being interviewed and the investigatory process. Some have also experienced being separated from siblings.

Clearly the impact of abuse is significant and can have lifelong consequences for the individual, families and for society. Swiis is committed to providing a range of interventions, training and support to address the negative impact and improve children's life chances.

b) Where does the organisation's knowledge/assessment of that impact come from?

Our knowledge comes from research and from direct experience of working with children and adults who have experienced a range of trauma including abuse and neglect.

c) What is known about the impact of abuse on the families of those children in foster care who were abused, or alleged to have been abused?

We recognise that the experience of having an allegation made against them and the outcomes of the subsequent investigation can have far-reaching practical and emotional implications, not only for the foster carers involved, but also their own children, the fostered children in their care, their wider family and friends and their future career in fostering.

Research undertaken by Biehal and Parry (2010) about the effect of allegations upon foster carers described the impact of allegations as 'devastating', with foster carers experiencing feelings of shock, disbelief, distress, anger and powerlessness with some foster carers leaving fostering as a result.

A pilot study undertaken by Dyson and Sebba (2014) concluded that the impact of allegations on foster carers is extreme and devastating. The study found that the allegations came without warning, which made them more traumatic, and that foster carers received very little or no information about the nature of the allegation for

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several weeks. The study concluded that there are life-changing consequences which may include the break-up of the foster family and extreme stress on individuals and the relationships between them. The emotional impact often results in major stress, illness and long-lasting fear and there may be severe economic consequences arising from the reduction or removal of income.

With regards to caring for a child who has been abused the impact upon birth and foster families can also be significant with family members anxious and unsure about how to support a child who has been abused. Some of the behaviours and attitudes that an abused child may display can be difficult for foster carers to live with and address with some experiencing secondary trauma.

d) Where does the organisation's knowledge/assessment of that impact come from?

Our knowledge of the impact comes from research such as:

Study 1: Maltreatment and Allegations of Maltreatment in Foster Care. A Review of the Evidence, Biehal and Parry (2010)

Study 2: Pilot Study into the Impact of Allegations Made Against Foster Carers Who Accessed FISS or FosterTalk Services, Dyson and Sebba (2014)

Study 3: Emerging Themes from Fosterline Wales Advice Line and the Practice and Independent Support Teams in Wales, Alun Richards The Fostering Network Wales (2018, unpublished) referred to in the tFN Understanding the impact of allegations made against foster carers in Wales Maria Boffey, Jan Stanton and Alain Thomas February 2019

The findings of such research echo our experience of supporting families who have had allegations made against them and our experience of supporting children who have experienced and display a range of trauma related behaviours.

5.8 Known Abusers and Alleged Abusers - Answered Part D - Appendix 1 - Questions 5.8 to 5.10

5.9 Specific Complaints - Answered Part D - Appendix 1 - Questions 5.8 to 5.10

5.10 Civil Actions - Answered Part D - Appendix 1 - Questions 5.8 to 5.10

5.11 Criminal Injuries Compensation Awards

a) Has any criminal injuries compensation been awarded in respect of abuse, or alleged abuse, of children cared for in foster care?

We are aware of eight young people who have received criminal injuries compensation awards during the time they have been looked after by Swiis foster carers. However, all of these awards relate to historic abuse experienced when the children were looked after at home. None relate to their time cared for in foster care with Swiis. b) If so, please provide details if known.

As the awards all relate to historic familial abuse carried out prior to the children being looked after by our foster carers their details have not been reported here. This information can however be made available to the inquiry if necessary.

5.12 Police - Answered in Part D - Appendix 2 - Questions 5.12 to 5.13

5.13 Crown - To be answered Part D - Appendix 2 - Questions 5.12 to 5.13